

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 / 646944

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS			14			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓		↓		↓	
TOTAL DEP.			↔		↔		↔	
TOTAL CLAIMS			14				14	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS